B22C (Official Form 22C) (Chapter 13) (01/08)

| | Julio P | Julao, Jr. | |
|---------|---------|------------|--|
| In re | Elisa P | Julao | |
| | | Debtor(s) | |
| Case Nu | ımber: | 09-31756 | |
| | | (If known) | |

| According to the calculations required by this statement: |
|---|
| ☐ The applicable commitment period is 3 years. |
| ■ The applicable commitment period is 5 years. |
| ■ Disposable income is determined under § 1325(b)(3). |
| ☐ Disposable income is not determined under § 1325(b)(3). |
| (Check the boxes as directed in Lines 17 and 23 of this statement.) |

AMENDED

CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME

In addition to Schedules I and J, this statement must be completed by every individual chapter 13 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

| | Part I. REPORT OF INCOME | | | | |
|---|---|------|---------------------------|----|--------------------------|
| 1 | Marital/filing status. Check the box that applies and complete the balance of this part of this state a. Unmarried. Complete only Column A ("Debtor's Income") for Lines 2-10. | emer | nt as directed. | | |
| | b. Married. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Inco | me' | ') for Lines 2-10 |). | |
| | All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line. | | Column A Debtor's Income | | Column B Spouse's Income |
| 2 | Gross wages, salary, tips, bonuses, overtime, commissions. | \$ | 6,026.00 | \$ | 4,258.00 |
| 3 | Income from the operation of a business, profession, or farm. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 3. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. Do not include any part of the business expenses entered on Line b as a deduction in Part IV. | | · | | |
| | Debtor Spouse | | | | |
| | b. Ordinary and necessary business expenses \$ 0.00 \$ 0.00 | | | | |
| | c. Business income Subtract Line b from Line a | \$ | 0.00 | \$ | 0.00 |
| 4 | Rents and other real property income. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. Do not enter a number less than zero. Do not include any part of the operating expenses entered on Line b as a deduction in Part IV. Debtor Spouse a. Gross receipts \$ 0.00 \$ 0.00 | | | | |
| | b. Ordinary and necessary operating expenses \$ 0.00 \$ 0.00 | | | | |
| | c. Rent and other real property income Subtract Line b from Line a | \$ | 0.00 | \$ | 0.00 |
| 5 | Interest, dividends, and royalties. | \$ | 0.00 | \$ | 0.00 |
| 6 | Pension and retirement income. | \$ | 0.00 | \$ | 0.00 |
| 7 | Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts paid by the debtor's spouse. | \$ | 0.00 | \$ | 0.00 |
| 8 | Unemployment compensation. Enter the amount in the appropriate column(s) of Line 8. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below: | | 2300 | | |
| | Unemployment compensation claimed to be a benefit under the Social Security Act Debtor \$ 0.00 Spouse \$ 0.00 | \$ | 0.00 | \$ | 0.00 |

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| 9 | Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Total and enter on Line 9. Do not include alimony or separate maintenance payments paid by your spouse, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism. | | |
|----|--|----------|------------|
| | Debtor Spouse | | |
| | a. \$ b. \$ | 0.00 \$ | 0.00 |
| 10 | Subtotal. Add Lines 2 thru 9 in Column A, and, if Column B is completed, add Lines 2 through 9 | 26.00 \$ | |
| 11 | Total. If Column B has been completed, add Line 10, Column A to Line 10, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 10, Column A. | | 10,284.00 |
| | Part II. CALCULATION OF § 1325(b)(4) COMMITMENT PERIOD | | |
| 12 | Enter the amount from Line 11 | \$ | 10,284.00 |
| 13 | Marital Adjustment. If you are married, but are not filing jointly with your spouse, AND if you contend that calculation of the commitment period under § 1325(b)(4) does not require inclusion of the income of your spouse enter on Line 13 the amount of the income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of you or your dependents and specify, in the lines below, the basis for excluding this income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or to debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustment on a separate page. If the conditions for entering this adjustment do not apply, enter zero. a. \$ b. \$ c. \$ C. | he | |
| | Total and enter on Line 13 | \$ | 0.00 |
| 14 | Subtract Line 13 from Line 12 and enter the result. | \$ | 10,284.00 |
| 15 | Annualized current monthly income for § 1325(b)(4). Multiply the amount from Line 14 by the number 12 are enter the result. | nd \$ | 123,408.00 |
| 16 | Applicable median family income. Enter the median family income for applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) a. Enter debtor's state of residence: CA b. Enter debtor's household size: 3 | | |
| | | \$ | 70,684.00 |
| 17 | Application of § 1325(b)(4). Check the applicable box and proceed as directed. □ The amount on Line 15 is less than the amount on Line 16. Check the box for "The applicable commitment the top of page 1 of this statement and continue with this statement. ■ The amount on Line 15 is not less than the amount on Line 16. Check the box for "The applicable commit at the top of page 1 of this statement and continue with this statement. | | • |
| | Part III. APPLICATION OF § 1325(b)(3) FOR DETERMINING DISPOSABLE INCOME | | |
| 18 | Enter the amount from Line 11. | \$ | 10,284.00 |
| 19 | Marital Adjustment. If you are married, but are not filing jointly with your spouse, enter on Line 19 the total of any income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income(such a payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If the conditions for entering this adjustment do not apply, enter zero. S | | |
| | Total and enter on Line 19. | \$ | 0.00 |
| 20 | Current monthly income for § 1325(b)(3). Subtract Line 19 from Line 18 and enter the result. | \$ | 10,284.00 |

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| | | orm 22e) (enapter 13) (o | | | | | | | |
|-----|---|---|--|--|--|--|--|-------|------------|
| 21 | | lized current monthly income result. | ome for § 1325(b)(3). | Multi | ply the a | amount from Line | 20 by the number 12 and | \$ | 123,408.00 |
| 22 | Applic | able median family incon | ne. Enter the amount fro | om Liı | ne 16. | | | \$ | 70,684.00 |
| | Applic | ation of § 1325(b)(3). Che | ck the applicable box as | nd pro | ceed as | directed. | | | ., |
| 23 | | amount on Line 21 is mo 25(b)(3)" at the top of page | | | | | | nined | under § |
| | | amount on Line 21 is not 25(b)(3)" at the top of page | | | | | | | |
| | | Part IV. C | ALCULATION (| OF I | DEDU | CTIONS FR | OM INCOME | | |
| | | Subpart A: De | eductions under Sta | ndar | ds of tl | ne Internal Reve | enue Service (IRS) | | |
| 24A | Enter in applica | al Standards: food, appar in Line 24A the "Total" amo ble household size. (This in ptcy court.) | ount from IRS National | Stand | lards for | Allowable Living | Expenses for the | \$ | 1,152.00 |
| 24B | Pocket Health clerk of of age, number obtain a b2 to of c2 to of | al Standards: health care Health Care for persons ur Care for persons 65 years of the bankruptcy court.) En and enter in Line b2 the nu of household members ma a total amount for househo btain a total amount for ho btain a total health care am | der 65 years of age, and of age or older. (This in ter in Line b1 the numb umber of members of youst be the same as the number between the did members under 65, and usehold members 65 and ount, and enter the resu | d in L formation of the control of t | ine a2 thation is a member usehold restated the representation and eximal exima | ne IRS National Stavailable at www.us of your househol who are 65 years in Line 16b.) Multiesult in Line c1. Mater the result in L | andards for Out-of-Pocket sdoj.gov/ust/ or from the d who are under 65 years of age or older. (The total iply Line a1 by Line b1 to ultiply Line a2 by Line ine c2. Add Lines c1 and | | |
| | House | ehold members under 65 | - | 1 | sehold | members 65 years | | | |
| | a1. | Allowance per member | | a2. | <u> </u> | ance per member | 144 | | |
| | b1. | Number of members | 3 | | | er of members | 0 | | |
| | c1. | Subtotal | 180.00 | | Subtot | | 0.00 | \$ | 180.00 |
| 25A | Utilitie | Standards: housing and us Standards; non-mortgage le at www.usdoj.gov/ust/ c | expenses for the applic | able o | county a | nd household size. | | \$ | 710.00 |
| 25B | Housin availab Monthl the resu | Standards: housing and ug and Utilities Standards; ile at www.usdoj.gov/ust/ or any debts sult in Line 25B. Do not en IRS Housing and Utilities Average Monthly Paymenthome, if any, as stated in L | nortgage/rent expense f r from the clerk of the l secured by your home, a ter an amount less tha Standards; mortgage/ren for any debts secured l | or you bankru as stat an zer nt Exp | ur count uptcy co ed in Li o. eense | y and household si ourt); enter on Line | ze (this information is b the total of the Average | | |
| | | Net mortgage/rental expen | | | | Subtract Line b fr | | \$ | 0.00 |
| 26 | 25B do Standar content | Standards: housing and uses not accurately computerds, enter any additional antion in the space below: | the allowance to which nount to which you con | you a | re entitl | ed under the IRS I | Housing and Utilities | | |
| | unter | ence in actual Mortgag | e payment | | | | | \$ | 1,730.00 |

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| | Local Standards: transportation; vehicle operation/public transportation expense allowance in this category regardless of whether you pay the regardless of whether you use public transportation. | | |
|-----|--|--|------------------------------------|
| | Check the number of vehicles for which you pay the operating expens | | |
| 27A | included as a contribution to your household expenses in Line 7. \blacksquare 0 | $\bigcirc \square 1 \square 2$ or more. | |
| | If you checked 0, enter on Line 27A the "Public Transportation" amo Transportation. If you checked 1 or 2 or more, enter on Line 27A the Standards: Transportation for the applicable number of vehicles in the Census Region. (These amounts are available at www.usdoj.gov/ust/ | e "Operating Costs" amount from IRS Local e applicable Metropolitan Statistical Area or | \$ 173.00 |
| 27B | Local Standards: transportation; additional public transportation for a vehicle and also use public transportation, and you contend that your public transportation expenses, enter on Line 27B the "Public Tr Standards: Transportation. (This amount is available at www.usdoj.gg court.) | you are entitled to an additional deduction for ransportation" amount from the IRS Local | \$ 0.00 |
| | Local Standards: transportation ownership/lease expense; Vehicle you claim an ownership/lease expense. (You may not claim an owner vehicles.) $\Box 1 \Box 2$ or more. | | |
| 28 | Enter, in Line a below, the "Ownership Costs" for "One Car" from the (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy Average Monthly Payments for any debts secured by Vehicle 1, as stand enter the result in Line 28. Do not enter an amount less than zeta | court); enter in Line b the total of the ated in Line 47; subtract Line b from Line a | |
| | a. IRS Transportation Standards, Ownership Costs | \$ 0.00 | |
| | Average Monthly Payment for any debts secured by Vehicle b. 1, as stated in Line 47 | \$ 0.00 | |
| | c. Net ownership/lease expense for Vehicle 1 | Subtract Line b from Line a. | \$ 0.00 |
| 29 | the "2 or more" Box in Line 28. Enter, in Line a below, the "Ownership Costs" for "One Car" from the (available at <a "www.usdoj.gov="" <="" a="" href="www.usdoj.gov/ust/" ust="" www.usdoj.gov=""> or from the clerk of the bankruptcy Average Monthly Payments for any debts secured by Vehicle 2, as stand enter the result in Line 29. Do not enter an amount less than zetting and the control of the co | court); enter in Line b the total of the ated in Line 47; subtract Line b from Line a | |
| | a. IRS Transportation Standards, Ownership Costs Average Monthly Payment for any debts secured by Vehicle | 5 0.00 | |
| | b. 2, as stated in Line 47 | | |
| | Ic. Net ownership/lease expense for Vehicle 2 | \$ 0.00 | |
| 30 | | Subtract Line b from Line a. | \$ 0.00 |
| | Other Necessary Expenses: taxes. Enter the total average monthly e state, and local taxes, other than real estate and sales taxes, such as in security taxes, and Medicare taxes. Do not include real estate or sales | Subtract Line b from Line a. expense that you actually incur for all federal, acome taxes, self employment taxes, social | \$ 0.00 2,074.00 |
| 31 | Other Necessary Expenses: taxes. Enter the total average monthly e state, and local taxes, other than real estate and sales taxes, such as in | Subtract Line b from Line a. expense that you actually incur for all federal, acome taxes, self employment taxes, social es taxes. nt. Enter the total average monthly payroll or retirement contributions, union dues, and | |
| 31 | Other Necessary Expenses: taxes. Enter the total average monthly e state, and local taxes, other than real estate and sales taxes, such as in security taxes, and Medicare taxes. Do not include real estate or sale Other Necessary Expenses: mandatory deductions for employment deductions that are required for your employment, such as mandatory | expense that you actually incur for all federal, acome taxes, self employment taxes, social es taxes. Int. Enter the total average monthly payroll or retirement contributions, union dues, and antary 401(k) contributions. Inthly premiums that you actually pay for term | \$ 2,074.00 278.00 |
| | Other Necessary Expenses: taxes. Enter the total average monthly e state, and local taxes, other than real estate and sales taxes, such as in security taxes, and Medicare taxes. Do not include real estate or sale Other Necessary Expenses: mandatory deductions for employment deductions that are required for your employment, such as mandatory uniform costs. Do not include discretionary amounts, such as volutionary of the Necessary Expenses: life insurance. Enter total average mor life insurance for yourself. Do not include premiums for insurance | expense that you actually incur for all federal, acome taxes, self employment taxes, social es taxes. Int. Enter the total average monthly payroll or retirement contributions, union dues, and antary 401(k) contributions. In the premiums that you actually pay for term e on your dependents, for whole life or for tall monthly amount that you are required to | \$ 2,074.00 278.00 270.00 |
| 32 | Other Necessary Expenses: taxes. Enter the total average monthly e state, and local taxes, other than real estate and sales taxes, such as in security taxes, and Medicare taxes. Do not include real estate or sale Other Necessary Expenses: mandatory deductions for employment deductions that are required for your employment, such as mandatory uniform costs. Do not include discretionary amounts, such as volu Other Necessary Expenses: life insurance. Enter total average mor life insurance for yourself. Do not include premiums for insurance any other form of insurance. Other Necessary Expenses: court-ordered payments. Enter the total pay pursuant to the order of a court or administrative agency, such as | expense that you actually incur for all federal, acome taxes, self employment taxes, social es taxes. Int. Enter the total average monthly payroll or retirement contributions, union dues, and antary 401(k) contributions. Inthly premiums that you actually pay for term e on your dependents, for whole life or for tall monthly amount that you are required to spousal or child support payments. Do not enjoyically or mentally challenged child. education that is a condition of employment | \$ 2,074.00 278.00 |

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| 36 | Other Necessary Expenses: health care. Enter the average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 24B. Do not include payments for health insurance or health savings accounts listed in Line 39. | \$ 0.00 |
|----|--|--------------------|
| 37 | Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service-to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted. | \$ 100.00 |
| 38 | Total Expenses Allowed under IRS Standards. Enter the total of Lines 24 through 37. | \$ 6,667.00 |
| | Subpart B: Additional Living Expense Deductions | |
| | Note: Do not include any expenses that you have listed in Lines 24-37 | |
| | Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents | |
| 39 | a. Health Insurance \$ 0.00 | |
| | b. Disability Insurance \$ 0.00 | |
| | c. Health Savings Account \$ 0.00 | |
| | | \$ 0.00 |
| | If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below: \$ | |
| 40 | Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. Do not include payments listed in Line 34. | \$ 0.00 |
| 41 | Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incur to maintain the safety of your family under the Family Violence Prevention and Services Act or | \$ 0.00 |
| 42 | Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional | |
| 43 | Education expenses for dependent children under 18. Enter the total average monthly expenses that you actually incur, not to exceed \$137.50 per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and | \$ 0.00 \$ 0.00 |
| 44 | Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is | \$ 42.00 |
| 45 | Charitable contributions. Enter the amount reasonably necessary for you to expend each month on charitable contributions in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § | \$ 0.00 |
| | 170(c)(1) (2). Do not include any amount in excess of 1c /v of your gross monthly mediate | J U.UU I |

| Other payments on secured claims. If any of debts listed in Line 47 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 47, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession of foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page. Name of Creditor Property Securing the Debt Information 1/60th of the Cure Amount Residence 3906 Savannah Court So San Francisco CA 94080-3947 So 606.03 Total: Add Lines So San Francisco CA 94080-3947 So 606.03 Total: Add Lines So San Francisco CA 94080-3947 So 606.03 Total: Add Lines So San Francisco CA 94080-3947 So 606.03 Total: Add Lines So San Francisco CA 94080-3947 So 606.03 So 606.03 So San Francisco CA 94080-3947 So 606.03 So 606.03 So San Francisco CA 94080-3947 So 606.03 So 606.03 So San Francisco CA 94080-3947 So 606.03 So 606.03 So San Francisco CA 94080-3947 So 606.03 | | | Subpart C: Deductions for I | Debt Pa | yment | | | |
|---|----|--|---|--|--|---|----|-----------|
| Name of Creditor Property Securing the Debt Average Monthly Monthly Monthly Monthly Payment or insurance | 47 | own, list the name of creditor, ident check whether the payment include scheduled as contractually due to ea case, divided by 60. If necessary, I | ify the property securing the debt, states taxes or insurance. The Average Mouch Secured Creditor in the 60 months | te the Av nthly Pay followir | erage Monthly went is the to g the filing of | y Payment, and otal of all amounts the bankruptcy | | |
| Residence 3906 Savannah Court So San Francisco CA 3 3,906.00 Total: Add Lines Other payments on secured claims. If any of debts listed in Line 47 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/00th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 47, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page. Name of Creditor Property Securing the Debt Residence 3906 Savannahan Court a. Wells Fargo Hm Mortgag So San Francisco CA 94080-3947 Residence 3906 Savannahan Court a. Wells property securing the Debt 1/60th of the Cure Amount Besidence 3906 Savannahan Court a. Wells property securing the Debt 1/60th of the Cure Amount Besidence 3906 Savannahan Court a. Wells property securing the Debt 1/60th of the Cure Amount Besidence 3906 Savannahan Court a. Wells property securing the Debt 1/60th of the Cure Amount Besidence 3906 Savannahan Court a. Wells property securing the Debt 1/60th of the Cure Amount Besidence 3906 Savannahan Court a. Wells property securing the Debt 1/60th of the Cure Amount Besidence 3906 Savannahan Court a. Wells property securing the Debt 1/60th of the Cure Amount Besidence 3906 Savannahan Court a. Wells property securing the Debt 1/60th of the Cure Amount Besidence 3906 Savannahan Court a. Wells property securing the Debt 1/60th of the Cure Amount Besidence 3906 Savannahan Court a. Wells property securing the Debt 1/60th of the Cure Amount Besidence 3906 Savannahan Court a. Wells property securing the Savannahan Court a. Wells property securing the Savannahan Court besidence 3906 Savannahan Court a. Wells property securing the Savannahan Court besi | | | Property Securing the Debt | 1 | Monthly | include taxes | | |
| Other payments on secured claims. If any of debts listed in Line 47 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction. If 60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 47, in order to maintain possession or the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page. Name of Creditor Property Securing the Debt 1/60th of the Cure Amount Residence 390s Savannah Court So San Francisco CA 94080-3947 5 606.03 Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority and the sum of the current obligations, such as those set out in Line 33. Chapter 13 administrative expenses. Multiply the amount in Line a by the amount in Line b, and enter the resulting administrative expenses. Multiply the amount in Line a by the amount in Line b, and enter the resulting administrative expenses. a. Projected average monthly Chapter 13 plan payment. S 900.00 b. Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy count.) c. Average monthly administrative expense of Chapter 13 case Total: Multiply Lines a and b S 88.20 51 Total Deductions for Debt Payment. Enter the total of Lines 47 through 50. Subpart D: Total Deductions from Income 52 Total of all deductions from income. Enter the total of Lines 38, 46, and 51. Part V. DETERMINATION OF DISPOSABLE INCOME UNDER § 1325(b)(2) 53 Total current monthly income. Enter the amount from Line 20. Support income. Enter the monthly average of any child support payments, foster care payments, or disability payments for a depend | | a. Wells Fargo Hm Mortgag | Court So San Francisco CA | | | | | |
| motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction i. 160th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 47, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page. Name of Creditor Property Securing the Debt I/60th of the Cure Amount Residence 3906 Savannah Court a. Wells Fargo Hm Mortgag San Francisco CA 94080-3947 \$ 606.03 Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. Do not include current obligations, such as those set out in Line 33. Chapter 13 administrative expenses. Multiply the amount in Line a by the amount in Line b, and enter the resulting administrative expenses. a. Projected average monthly Chapter 13 plan payment. \$ 900.00 b. Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdioj.gov/ust/or from the clerk of the bankruptcy court.) c. Average monthly administrative expense of Chapter 13 case Total: Multiply Lines a and b \$ 88.20 51 Total Deductions for Debt Payment. Enter the total of Lines 47 through 50. Subpart D: Total Deductions from Income 52 Total of all deductions from income. Enter the amount from Line 20. Support income. Enter the monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I, that you received in accordance with applicable nonbankruptcy law, to the extent reasonably necessary to be expended for such child. 5 Upport income. Enter the monthly to | | | | Tot | al: Add Lines | | \$ | 3,906.00 |
| A. Wells Fargo Hm Mortgag Residence 3906 Savannah Court So San Francisco CA 94080-3947 \$ Total: Add Lines \$ 606.03 | 48 | motor vehicle, or other property necessary, list the following chart. If necessary, list | ressary for your support or the support the the "cure amount") that you must p to maintain possession of the property order to avoid repossession or forecle that additional entries on a separate page | t of your pay the cr y. The cu osure. Lis | dependents, y reditor in addi- are amount wo at and total any | ou may include in tion to the ould include any y such amounts in | | |
| a. Wells Fargo Hm Mortgag So San Francisco CA 94080-3947 S G06.03 Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. Do not include current obligations, such as those set out in Line 33. Chapter 13 administrative expenses. Multiply the amount in Line a by the amount in Line b, and enter the resulting administrative expenses. Multiply the amount in Line a by the amount in Line b, and enter the resulting administrative expense. a. Projected average monthly Chapter 13 plan payment. \$ 900.00 b. Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) c. Average monthly administrative expense of Chapter 13 case Total: Multiply Lines a and b \$ 88.20 51 Total Deductions for Debt Payment. Enter the total of Lines 47 through 50. \$ 4,600.23 Subpart D: Total Deductions from Income \$ 11,309.23 Part V. DETERMINATION OF DISPOSABLE INCOME UNDER § 1325(b)(2) 53 Total current monthly income. Enter the amount from Line 20. \$ 10,284.00 Support income. Enter the monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I, that you received in accordance with applicable nonbankruptcy law, to the extent reasonably necessary to be expended for such child. \$ 0.00 | | Name of Creditor | | t | 1/60th of | the Cure Amount | | |
| Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. Do not include current obligations, such as those set out in Line 33. Chapter 13 administrative expenses. Multiply the amount in Line a by the amount in Line b, and enter the resulting administrative expenses. a. Projected average monthly Chapter 13 plan payment. b. Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) c. Average monthly administrative expense of Chapter 13 case Total: Multiply Lines a and b Subpart D: Total Deductions from Income 52 Total of all deductions from income. Enter the total of Lines 47 through 50. Subpart D: Total Deductions from Income 52 Total of all deductions from income. Enter the total of Lines 38, 46, and 51. Part V. DETERMINATION OF DISPOSABLE INCOME UNDER § 1325(b)(2) 53 Total current monthly income. Enter the amount from Line 20. Support income. Enter the monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I, that you received in accordance with applicable nonbankruptcy law, to the extent reasonably necessary to be expended for such child. Qualified retirement deductions. Enter the monthly total of (a) all amounts withheld by your employer from wages as contributions for qualified retirement plans, as specified in § 541(b)(7) and (b) all required repayments of loans from retirement plans, as specified in § 362(b)(19). | | a. Wells Fargo Hm Mortgag | | | | | | |
| priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. Do not include current obligations, such as those set out in Line 33. Chapter 13 administrative expenses. Multiply the amount in Line a by the amount in Line b, and enter the resulting administrative expenses. a. Projected average monthly Chapter 13 plan payment. b. Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) c. Average monthly administrative expense of Chapter 13 case Total: Multiply Lines a and b \$ 88.20 51 Total Deductions for Debt Payment. Enter the total of Lines 47 through 50. \$ \$ 4,600.23 Subpart D: Total Deductions from Income 52 Total of all deductions from income. Enter the total of Lines 38, 46, and 51. \$ \$ 11,309.23 Part V. DETERMINATION OF DISPOSABLE INCOME UNDER § 1325(b)(2) 53 Total current monthly income. Enter the amount from Line 20. \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | | | | | | Total: Add Lines | \$ | 606.03 |
| resulting administrative expense. a. Projected average monthly Chapter 13 plan payment. \$ 900.00 b. Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) x 9.80 c. Average monthly administrative expense of Chapter 13 case Total: Multiply Lines a and b \$ 88.20 Subpart D: Total Deductions from Income | 49 | priority tax, child support and alimo | ony claims, for which you were liable | | | | | 0.00 |
| b. Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) c. Average monthly administrative expense of Chapter 13 case | | | es. Multiply the amount in Line a by | the amou | nt in Line b, a | and enter the | | |
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| Subpart D: Total Deductions from Income 52 Total of all deductions from income. Enter the total of Lines 38, 46, and 51. Part V. DETERMINATION OF DISPOSABLE INCOME UNDER § 1325(b)(2) 53 Total current monthly income. Enter the amount from Line 20. Support income. Enter the monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I, that you received in accordance with applicable nonbankruptcy law, to the extent reasonably necessary to be expended for such child. Qualified retirement deductions. Enter the monthly total of (a) all amounts withheld by your employer from wages as contributions for qualified retirement plans, as specified in § 541(b)(7) and (b) all required repayments of loans from retirement plans, as specified in § 362(b)(19). 55 Total of all deductions from income. Enter the total of Lines 38, 46, and 51. \$ 11,309.23 \$ 10,284.00 \$ 0.00 | 51 | | | • | | | | |
| Total of all deductions from income. Enter the total of Lines 38, 46, and 51. Part V. DETERMINATION OF DISPOSABLE INCOME UNDER § 1325(b)(2) Total current monthly income. Enter the amount from Line 20. Support income. Enter the monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I, that you received in accordance with applicable nonbankruptcy law, to the extent reasonably necessary to be expended for such child. Qualified retirement deductions. Enter the monthly total of (a) all amounts withheld by your employer from wages as contributions for qualified retirement plans, as specified in § 541(b)(7) and (b) all required repayments of loans from retirement plans, as specified in § 362(b)(19). 50.00 | 31 | Total Deductions for Debt Payme | | | Incomo | | \$ | 4,600.23 |
| Part V. DETERMINATION OF DISPOSABLE INCOME UNDER § 1325(b)(2) 53 Total current monthly income. Enter the amount from Line 20. Support income. Enter the monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I, that you received in accordance with applicable nonbankruptcy law, to the extent reasonably necessary to be expended for such child. Qualified retirement deductions. Enter the monthly total of (a) all amounts withheld by your employer from wages as contributions for qualified retirement plans, as specified in § 541(b)(7) and (b) all required repayments of loans from retirement plans, as specified in § 362(b)(19). 56 Total of While the While the While has \$ 507(1)(2) From the way of a Nice State of S | 52 | Total of all deducations from incom | | | income | | Φ. | 44 000 00 |
| Total current monthly income. Enter the amount from Line 20. Support income. Enter the monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I, that you received in accordance with applicable nonbankruptcy law, to the extent reasonably necessary to be expended for such child. Qualified retirement deductions. Enter the monthly total of (a) all amounts withheld by your employer from wages as contributions for qualified retirement plans, as specified in § 541(b)(7) and (b) all required repayments of loans from retirement plans, as specified in § 362(b)(19). 5.6 The table of the latest the amount from Line 20. \$ 10,284.00 \$ 0.00 | 32 | | | | | ED 6 1225/L\/ | | 11,309.23 |
| Support income. Enter the monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I, that you received in accordance with applicable nonbankruptcy law, to the extent reasonably necessary to be expended for such child. Qualified retirement deductions. Enter the monthly total of (a) all amounts withheld by your employer from wages as contributions for qualified retirement plans, as specified in § 541(b)(7) and (b) all required repayments of loans from retirement plans, as specified in § 362(b)(19). 5. Comparison of the properties of the prope | 52 | 1 | | LINCC | WIE UNDI | 2K § 1325(b)(2 | | |
| payments for a dependent child, reported in Part I, that you received in accordance with applicable nonbankruptcy law, to the extent reasonably necessary to be expended for such child. Qualified retirement deductions. Enter the monthly total of (a) all amounts withheld by your employer from wages as contributions for qualified retirement plans, as specified in § 541(b)(7) and (b) all required repayments of loans from retirement plans, as specified in § 362(b)(19). 5.6 Third left like the like the latter of the la | 55 | - | | | | | \$ | 10,284.00 |
| wages as contributions for qualified retirement plans, as specified in § 541(b)(7) and (b) all required repayments of loans from retirement plans, as specified in § 362(b)(19). 5.6 Third I. C. I. C | 54 | payments for a dependent child, rep | orted in Part I, that you received in ac | | | | | 0.00 |
| TO THE HALL OF HALL OF STATE OF THE STATE OF | 55 | wages as contributions for qualified | retirement plans, as specified in § 54 | | | | | 0.00 |
| | 56 | Total of all deductions allowed ur | der § 707(b)(2). Enter the amount from | om Line | 52. | | | |

| | Deduction for special circumstances. If there are spe | cial circumstances that justify additional expanses for | |
|----|--|---|-------------------------------|
| | which there is no reasonable alternative, describe the spelow. If necessary, list additional entries on a separate | pecial circumstances and the resulting expenses in lines a-c page. Total the expenses and enter the total in Line 57. ation of these expenses and you must provide a detailed | |
| 57 | Nature of special circumstances | Amount of Expense | |
| | a. | \$ | |
| | b. | \$ | |
| | c. | \$ | |
| | | Total: Add Lines | \$ 0.00 |
| 58 | Total adjustments to determine disposable income. result. | Add the amounts on Lines 54, 55, 56, and 57 and enter the | \$11,309.23 |
| 59 | Monthly Disposable Income Under § 1325(b)(2). Su | btract Line 58 from Line 53 and enter the result. | \$ -1,025.23 |
| | 1 | | |
| | Other Expenses. List and describe any monthly expensor you and your family and that you contend should be | STIONAL EXPENSE CLAIMS ses, not otherwise stated in this form, that are required for the an additional deduction from your current monthly income ur | nder § |
| 60 | Other Expenses. List and describe any monthly expense of you and your family and that you contend should be 707(b)(2)(A)(ii)(I). If necessary, list additional source each item. Total the expenses. Expense Description a. b. c. d. | ses, not otherwise stated in this form, that are required for the an additional deduction from your current monthly income ur s on a separate page. All figures should reflect your average not monthly Amount Monthly Amount | nder § |
| 60 | Other Expenses. List and describe any monthly expen of you and your family and that you contend should be 707(b)(2)(A)(ii)(I). If necessary, list additional source each item. Total the expenses. Expense Description a. b. c. d. Total: A | ses, not otherwise stated in this form, that are required for the an additional deduction from your current monthly income ur s on a separate page. All figures should reflect your average n Monthly Amount \$ \$ \$ \$ \$ \$ \$ \$ dd Lines a, b, c and d \$ | nder § |
| 60 | Other Expenses. List and describe any monthly expense of you and your family and that you contend should be 707(b)(2)(A)(ii)(I). If necessary, list additional source each item. Total the expenses. Expense Description a. b. c. d. Total: A | ses, not otherwise stated in this form, that are required for the an additional deduction from your current monthly income ur s on a separate page. All figures should reflect your average not monthly Amount Monthly Amount | nder § nonthly expense for |